

Thank you, Chairman Rogers, Ranking Member Smith, and members of the Committee, for holding this Member Day hearing and for allowing members to share their priorities with the Committee. My testimony today lays out the priorities of Virginia's 10th Congressional District for the Committee's work on the National Defense Authorization Act.

Maternal mental health

Too many Virginians struggle with mental health and substance abuse and a lot of them do not have access to the resources they need to get help. The situation is not any different for new and soon-to-be mothers. Perinatal mental health (PMH) conditions, like women's mental health during pregnancy and the postpartum period, are the leading cause of perinatal mortality in the US, with suicide and overdose accounting for over 22% of all pregnancy-related death. Despite the high rates of PMH conditions, 75% of women won't have access to treatment. Even worse, studies show that service members and their dependents are at a higher risk of developing PMH conditions due to unique challenges that come with military service, including the effects of deployment and limited support system. While 1 in 5 civilians will develop a PMH condition during pregnancy or in the postpartum period, 1 in 3 service members will develop a PMH condition. The cost of not treating these conditions is significant, amounting to \$14 billion each year. With 16.5% of the force being composed of female service members, PMH directly impacts force readiness and the ability of the military to retain active-duty service members who are moms. Moreover, untreated PMH issues also have negative impacts on children, including increased risk of behavior and developmental disorders, and increased likelihood of poor child health outcomes, all amounting to increased costs on the health care system as well as our next generation.

I urge the Committee to include the following language in FY24 NDAA requesting a report to collect information on the current resources available to prevent PMH conditions including evidence-based programs, the availability of behavior health providers, and resources for pregnant and postpartum members of the Armed forces and their dependents at military treatment facilities. With the increasing readiness and retention problems the military is facing, ensuring adequate care and support for pregnant and postpartum service members and beneficiaries is key to ensuring force readiness, and will directly impact our nation and national security.

Language:

Report on the Military Health Services' activities to prevent, intervene and treat perinatal mental health conditions of Members of the Armed Forces and their Dependents

- (a) Not later than 90 days after the enactment of this Act, the Secretary of the Department of Defense must submit to the Committees a report on the activities to address the mental health of pregnant and postpartum members of the Armed Forces and dependents of such members as follows:

Assessment of military treatment facilities offering members of the Armed Forces and their dependents evidence-based programs proven to prevent perinatal mental health conditions, including:

- a. Types of evidence-based perinatal prevention programs,
 - b. Number and location of evidence-based perinatal prevention programs,
 - c. Number of service members and their dependents who have utilized evidence-based perinatal prevention programs divided by relationship status, military service, military occupation, sex, age, race, ethnicity, and rank, when applicable,
 - d. Whether the programs are delivered in-person or virtually;
 - (2) Number of behavioral health specialists integrated into obstetric care practices and women's clinics at Military Treatment Facilities and the resources needed to integrate a behavioral health specialist into all obstetric care practices and women's clinics;
 - (3) For the pilot of the Military Health Service's (MHS) Reproductive Behavioral Health Consultation line:
 - a. Number of providers accessing the no-cost consultation services, broken out by provider type, specialty, and location;
 - b. Number and type of trainings providers received through the consultation line on evidence-based practices to prevent, screen, refer, and treat perinatal mental health conditions;
 - c. How the pilot program has coordinated and implemented best practices of related federal perinatal mental health activities, including the VA Reproductive Behavioral Health Consultation Line, Department of Health and Human Service's Human Resource Services Administration's maternal mental health and related behavioral health disorders program, and the national maternal mental health hotline;
 - d. Number of members of the Armed Forces about whom providers sought perinatal mental health consultation, divided by relationship status, military service, military occupation, sex, age, race, ethnicity, and rank, when applicable;
 - e. Activities taken by the pilot program to educate members of the Armed Forces and their families on perinatal mental health conditions; and
 - (4) Any policy or legislative recommendations to improve perinatal mental health prevention, intervention, and treatment for members of the Armed Forces and their dependents.
- (b) DEFINITIONS.—
- (1) DEPENDENT.—In this section, the terms “dependent” and “TRICARE program” have the meanings given those terms in section 1072 of title 10, United States Code.
 - (2) PERINATAL MENTAL HEALTH. —In this section, the term ‘perinatal mental health condition’ means a mental health disorder that occurs during pregnancy or within one year of childbirth, stillbirth, or miscarriage.

Cold War Museum in Warrenton, Virginia

Additionally, I request that the Committee include the following language designating the Cold War Museum in Warrenton, Virginia as the “National Cold War Museum of the United States.” Legislation to do so received bipartisan support in the 117th Congress due to the Museum’s comprehensive telling of the whole history of the Cold War, its ongoing partnerships with similar museums and institutions in the Washington, D.C. region, and its strong partnerships with local and national VFW and Air Force Association branches. The Museum is located in one of the historic buildings at Vint Hill, the site of the former Vint Hill Farms Station, a U.S. Army Top Secret signals and image intelligence base that played a key role in both World War II and the Cold War.

NATIONAL COLD WAR MUSEUM OF THE UNITED STATES.

(a) DESIGNATION.—The Cold War Museum located at 7172 Lineweaver Road, Warrenton, Virginia, shall after the date of the enactment of this Act be known and designated as the “National Cold War Museum of the United States”.

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the museum referred to in subsection (a) shall be considered to be a reference to the “National Cold War Museum